



National Insurance Company Limited

(Owned By the Government of Pakistan)

Form: TIC-03

PROPOSAL FORM FOR TRAVEL INSURANCE

Please fill in the fields and fax it at +92-51-9100350 or e-mail us khurram.irshad@nicl.com.pk

1. You are applying as: Individual: Group (if applying in group please Give separate details for each traveler As per group Form in addition to this Form.)
2. Name of Applicant (as on Passport): _____
3. Citizenship: _____
4. Passport Number: _____
(Please use additional sheet if more than one travelers are applying)
5. Organization: _____
6. Date / Place of Entry in Pakistan: _____
7. Flight Number: _____
8. Time to Arrival: _____
9. Date / Place of Exit from Pakistan: _____
10. Time of Departure: _____
11. Stay Duration in Days: _____
12. Number of travelers to be Insured: _____
13. Coverage Plan chosen (Please Tick)
 - a. Classic
 - b. Superior
 - c. Premier
14. Purposed of visit (Please Tick)
 - a. Govt. Delegates Official Trade Delegates
 - b. Business Travelers Tourists

15. Contact Information:

- E-Mail Address: _____
- Mobile #: _____
- Phone #: _____
- Fax #: _____

16. Nominee Name: _____

(Please use additional Sheet if there is more the one representative)

17. Nominee Address & Phone No. & E-Mail: _____

18. I declare that this information is true to the best of my knowledge

- Name: _____
- Signature: _____
- Date: _____

Group Form: -

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1. Name of Applicant (as on Passport): _____

2. Passport Number: _____

3. Nominee Name: _____

(Please use additional Sheet if there is more the one representative)

4. Nominee Address & Phone No. & E-Mail: _____
